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 MICHAEL W. DOBBINS
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Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to <u>800 567</u> U.S. District Court 308 United States Post Office and Courthouse 100 Reserve Street Hot Springs, AR 71901-4143		4a. Article Number 7004 2510 0001 9802 7439	
5. Received By: (Print Name) <u>Veronica C. Schell</u>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) <u>Veronica C. Schell</u>		7. Date of Delivery <u>8-18</u> 8. Addressee's Address (Only if requested and fee is paid)	

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